

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1962

318

Primary Registration District No.

1003

Registrar's No.

2123

-62-007781

STATE FILE NUMBER

AMENDED

Registration District No.

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1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN

St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

2313 Indiana Ave.

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

2313 Indiana Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Christ

John

Birk

4. DATE
OF
DEATH

Month

Day

Year

February 20

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

7/3/1882

9. AGE (last birthday)

79

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tinner

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Hungary

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John Birk

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Annie Jordan Birk

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Annie Birk 2313 Indiana Ave.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Cardio-vascular Heart Disease
Arteriosclerosis
422.1INTERVAL BETWEEN
ONSET AND DEATH

3

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11/30

P. m.

on the date stated above, and to the best of my knowledge, from the causes stated.

P. m.

on the date stated above, and to the best of my knowledge, from the causes stated.

on the date stated above, and to the best of my knowledge, from the causes stated.

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22a. SIGNATURE

H. J. Moore

(Degree or title)

MD

22b. ADDRESS

921 S. 18th St.

22c. DATE SIGNED

2/21/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

2/23/62

23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Gebken Sons

2630 Gravois Ave.

25. DATE RECD. BY LOCAL REG.

FEB 21 1962

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

DATE AMENDED

3/8/62

AMENDMENTS ON THIS FORM ARE AS FOLLOWS

SHOULD READ

493-05-5578A

ITEM NO.

16

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold M. Seymour
Licensed Embalmer No. 4343

P. O. Address 7415 Zephyr Pl.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.